



**MISSISSIPPI**  
**STATE BOARD OF EXAMINERS**  
**FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS**

**RECIPROCITY APPLICATION CHECKLIST**

In order to reciprocity to Mississippi, you will need to have a BSW or MSW in social work from an accredited CSWE program, a passing score from ASWB, and an active social work license in another state. Listed below are items that must be submitted to our office to be reviewed before licensure is issued.

- ☐ Initial Application and Processing Fee (\$27.00, money order or cashier's check only)
- ☐ Initial License Fee (\$75.00 for LSW and \$110.00 for LMSW or LCSW)
- ☐ Verification of Education Form – Form 267
- ☐ Reciprocity Form ( complete by the jurisdiction or state were you are currently licensed)
- ☐ Passing Score from ASWB ( Score transfer request can be found at ASWB.org)
- ☐ Request for Fingerprint Card Form (\$50.00, money order or cashier's check only)
- ☐ **For LCSWs:** Please include supervision documentation with the Reciprocity Form

**NOTE:** Instructions are found on each form. You may combine all fees and submit one payment.  
Cash and personal checks are not acceptable forms of payment.

## Reciprocity Information / Endorsement Form

### Instructions:

Complete Part I of this form and send both (part I & II) to all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address on the back of this form. If the state of jurisdiction does not complete Part II, it will be your (applicant) responsibility to supply the Board with the required information.

### PART I – To be Completed by Applicant

I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice. When both (Parts I and II) are completed, please return the form to the licensing authority noted on the back of this form.

Applicant's Signature \_\_\_\_\_

Type or Print Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Mississippi License Applied for: (check only one)  
☐ Licensed Social Worker (LSW)  
☐ Licensed Master Social Worker (LMSW)  
☐ Licensed Certified Social Worker (LCSW)

Description of License Held in Other Jurisdiction:

Jurisdiction: \_\_\_\_\_ License No.: \_\_\_\_\_

Title of License: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**You are required to submit a passing ASWB score report to the Board. It must be forwarded from the Association of Social Work Board (ASWB) to us. You can obtain the score report request at [www.aswb.org](http://www.aswb.org)**

ASWB Exam Taken: ☐ Clinical ☐ Advanced ☐ Masters ☐ Bachelors (Note: If you did not take the ASWB Exam, you are not eligible for reciprocity/endorsement. If you possess a social work degree, you must apply for licensure as a new applicant and sit for the applicable ASWB exam.)

## Part II - To be Completed by Board or Regulatory Agency

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the Part I- information confirm with that in your records?<br>If no, please explain: _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did the applicant obtain original license from your state?<br>If no, which state issued the original license? _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was the applicant licensed under a “grandfathering” provision?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you consider the applicant to be in good standing at this time?<br>If no, please explain: _____   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. According to your records, has the applicant ever been disciplined by the board, any state agency or by professional organization?<br>If yes, please explain and attach a copy of the order, decree or other relevant documentation:<br>_____<br>_____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did applicant complete Regulatory Agency or Board Approved Supervision?<br>If yes, give dates: _____ to _____.<br>Supervisor _____ <input type="checkbox"/> ACSW <input type="checkbox"/> LCSW <input type="checkbox"/> _____<br>(Other)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you any additional comments regarding the applicant’s license or practice?<br>_____<br>_____  |                              |                             |

Date: \_\_\_\_\_

Board Chair or Designated Official

Title of Board

Address

City      State      Zip      Phone Number

Board Seal

Upon completion of this form by the Licensure/ Registration Authority, please forward to:  
**Mississippi Board of Examiners**  
**For Social Workers and Marriage & Family Therapists**  
Post Office Box 4508 ● Jackson, Mississippi 39296-4508

# Social Work Initial License Application

(Please type or print in ink)

Date: \_\_\_\_\_ (Please use legal name that is identified on your Driver's license or Social Security Card)

Name: \_\_\_\_\_

(Last)

(First)

(Middle/Maiden)

Mailing Address: \_\_\_\_\_ Contact No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(City)

(State)

(Zip Code)

(County)

Email Address: \_\_\_\_\_

Social Security Number:    -   -     Date of Birth   -   -

Race: \_\_\_\_\_ Sex: Male ☐ Female ☐ U.S. Citizen: No ☐ Yes ☐ Legal Alien: No ☐ Yes ☐

Place of Employment: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Public Agency ☐ Private Agency ☐ Title of Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip Code) (County)

If upgrading, give license number:  -

1. By which method are you seeking licensure: ☐ Examination ☐ Reciprocity/Endorsement

2. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW) ☐  
Master Social Worker (LMSW) ☐  
Certified Social Worker (LCSW) ☐

3. Have you ever been licensed as a social worker in this state?  
If yes, what was your license number: \_\_\_\_\_

No ☐ Yes ☐

4. Have you ever been licensed or registered as a social worker in another state?  
If yes, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.

No ☐ Yes ☐

5. Which social work degree do you possess: \_\_\_\_\_ BSW \_\_\_\_\_ MSW \_\_\_\_\_ N/A ( Student)

6. Is your school accredited by \_\_\_\_\_ CSWE \_\_\_\_\_ SACS \_\_\_\_\_ BOTH

**Initial Application Fee: \$27.00 (make cashier's check or money order payable to MSBOE SW/MFT)**

**(FEES ARE NON-REFUNDABLE)**

**For Office Use Only:**

CC, MO, TC, OC #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name on payment, if different from licensee: \_\_\_\_\_

(Continue on Back of This Form)

MISSISSIPPI BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

7. Have you **ever** been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? No ☐ Yes ☐
8. Have you ever had a record expunged from a felony or any criminal conviction? No ☐ Yes ☐
9. Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. No ☐ Yes ☐
10. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. No ☐ Yes ☐
11. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal Offense. Received deferred judgement for the commission of a felony, or any crime involving moral turpitude in the United States or foreign country? If yes, attached a full explanation. No ☐ Yes ☐
12. Have you knowingly failed to renew a license during investigation or disciplinary action? No ☐ Yes ☐
13. Are there any pending charges against you? No ☐ Yes ☐
14. **I understand that licensure as a social worker requires additional information to be completed and submitted to the Board for review and that a passing score on the ASWB examination does not automatically qualify me to become licensed.** No ☐ Yes ☐
15. **I understand that I have one year from the date of the approval letter to sit for the ASWB exam and that my application for licensure will expire if I have not passed the exam and a new application will be submitted before I am approved to retake the exam.** No ☐ Yes ☐

(Notary Seal)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Board. I also agree to uphold the laws and standards of conduct set forth in the laws of the State of Mississippi as pertain to the practice of Social Work

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Complete form, make payment payable to **MBOE SW/MFT** and mail to:

**MS Board of Examiners for SW/MFT  
Post Office Box 4508  
Jackson, MS 39296-4508**

**Current  
Passport-Like Photo of You  
Facing Forward**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

# Verification of Education for Licensure in Social Work

## Instructions to Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college of university where you obtained your **degree in social work**. This form may also be submitted by completing the top portion including notarizing and signing, and submitting directly to our office with a **sealed** transcript.

|   |  |
|---|--|
| Name (Last, First, Middle Initial)  | Maiden Name or Given Surname                     |
| Address (Street, City, State, and Zip Code)   | Home Phone ( Work)<br>( ) ( )                    |
| Social Security Number  | Date of Graduation                               |
| License Applying For (Check One):<br><input type="checkbox"/> Social Worker <input type="checkbox"/> Master Social Worker | <input type="checkbox"/> Certified Social Worker |

Waiver For The Release of Information:

Subscribed and sworn before me this day of \_\_\_\_\_ 20\_\_\_\_

I am applying for licensure as a social worker in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, should this information be requested at any time.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

*Seal*

\_\_\_\_\_  
Date Applicant's Signature

## Instructions to Education Institution:

Upon completion of this form please send to: **MS BOARD OF EXAMINERS**  
**P.O. Box 4508**  
**Jackson, MS 39296-4508**

|  |  |
|--|--|
| Name of Institution                                      | Location of Institution (City & State)   |
| Date of Attendance (Month/Year)<br>From: _____ To: _____ | Total Number of Academic Years   |
| Date Degree Conferred                                    | Degree Conferred   |
| Program Name & Curriculum Description                    | Date of Practicum/Internship:<br>From: Month _____ Day _____ Year _____<br>To: Month _____ Day _____ Year _____ Total Hours: _____ |

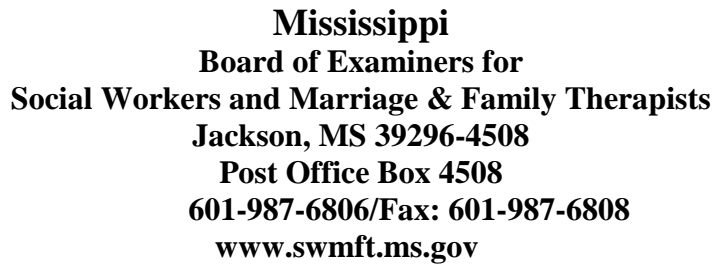
|  |  |
|--|--|
| <b>Social Work Program Accreditation</b><br>(On date degree conferred) | Undergraduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____ |
|  | Graduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____      |

\_\_\_\_\_  
Registrar's Name (print or type)

*Seal of the College or University*

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Telephone Number Date



**INSTRUCTIONS:** Complete this form and return to our office. Once this form is received with payment, we will mail you a fingerprint card. After getting your fingerprints added onto the card, be sure to fill out the descriptive information including signing the card, printing your name, your date of birth and social security number (as these spots are often overlooked). The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.

I, \_\_\_\_\_, request that a fingerprint card be sent to me at the address listed below. I have enclosed the required \$50.00 processing fee, payable by money order or cashier's check to MBOE. I understand that the information received from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records will be reviewed and may affect the approval of my application for licensure, reinstatement or the status of the renewal of my license.

Phone: \_\_\_\_\_

I understand that it may take 4-6 weeks for my fingerprints to be processed by the MS Dept. of Public Safety. I understand that there may be delays in the processing of my fingerprint card if my fingerprints are unreadable and that will extend the processing of my background and sex registry check beyond 4-6 weeks.

Date

CC, MO, TC, OC #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name on payment, if different from licensee: \_\_\_\_\_